

# INSTRUCTIONS FOR RESTORATION OF CITIZENSHIP

## Right to Vote and Hold Public Office

*Please read carefully*

### **Loss of Citizenship Rights**

All persons convicted of an aggravated misdemeanor or a felony have lost their citizenship rights, that is the right to vote and hold public office. After conviction and sentencing, all persons who are United States citizens may apply to the Governor for restoration of citizenship rights, provided you are not incarcerated in a local, state or federal correctional facility. According to law, the Board of Parole will review each application and its recommendation will be submitted to the Governor's Office. The processing time for this application is approximately 4-6 months from the time we receive your complete application. You must sign the release on the back of application for your application to be processed.

### **IMPORTANT: PLEASE READ**

To increase the speed in which your application will be processed and reviewed, you should attach to your application either a Client Progress Report from your parole or probation officer, containing the officer's original signature, or proof of payment from the Clerk of Court for the county of your conviction verifying that fines, court costs, and court ordered restitution has been paid. It is not necessary that all fines, fees and court-ordered restitution have been paid before the application is submitted to the Governor's Office. However, the Board of Parole will consider the applicant's progress toward satisfying all payments ordered by the court before making its recommendation to the Governor.

These documents and any other significant information you may wish to submit, should be mailed to:

N. Brian Gentry  
General Counsel  
Governor's Office  
State Capitol Building  
Des Moines, Iowa 50319  
515/281-5211

### **Loss of Firearms Rights**

This is not an application for restoration of firearms rights. If you wish to restore your right to own, possess, or carry a firearm, you will need to obtain and submit a separate application form for firearm restoration. You may obtain an application for restoration of firearms by contacting the Governor's Office at 515/281-5211.

**PLEASE NOTE: THIS APPLICATION IS A PUBLIC RECORD**  
**APPLICATION FOR RESTORATION OF CITIZENSHIP**

**\*\*\*\*\* PLEASE SEE OTHER SIDE—YOU MUST SIGN THE RELEASE \*\*\*\*\***

## Right to Vote and Hold Public Office

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
Street City State Zip
3. Other names you have used in the past (maiden, etc.): \_\_\_\_\_
4. Home Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: Male/Female
6. Social Security Number: \_\_\_\_\_ U.S. Citizen (*circle one*): Yes No
7. a. Are you or have you ever been married? (*circle one*) Yes No  
If yes, provide name, address and phone number of your spouse or former spouse.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Do you have any children or other relative dependent upon you for support? (*circle one*) Yes No  
If yes, give name, age and address of dependents.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8 What is your trade or occupation? \_\_\_\_\_
- 9 Name and Address of Present Employer: \_\_\_\_\_  
\_\_\_\_\_
10. Crime or Offense: \_\_\_\_\_
11. Date of Crime: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_ Date of Sentence: \_\_\_\_\_
12. County and State of Conviction: \_\_\_\_\_
13. Sentence Received: \_\_\_\_\_
14. Place and Dates of Incarceration: \_\_\_\_\_  
\_\_\_\_\_
15. Court Costs Ordered: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ (*attach proof of payment*)
16. Fines Ordered: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ (*attach proof of payment*)
17. Restitution Ordered: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ (*attach proof of payment*)
18. Attorney Fees: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ (*attach proof of payment*)
19. Civil Assessment/Penalty Ordered: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ (*attach proof of payment*)
20. Please provide a complete written statement describing the facts of the crime for which you were convicted. Also, give reasons why you believe you should be granted Executive Clemency.

## **RELEASE**

### **YOU MUST SIGN AND DATE THIS RELEASE FORM OR YOUR APPLICATION WILL NOT BE PROCESSED**

I, \_\_\_\_\_, the undersigned applicant for executive clemency to the Governor of the State of Iowa, do hereby authorize any and all persons, firms or corporations, to release any and all information or documents they may now have or hereinafter receive concerning me.

I authorize the release of said information to the Governor of the State of Iowa, his designee or agent. In granting this release, it is my understanding that the information or documents obtained will be used for the sole consideration of my application for executive clemency.

I further forever hold blameless those persons, firms, corporations and the Governor's Office, who by virtue of this consent may release information as requested.

A photocopy of this release form will be valid as an original, even though said photocopy does not contain an original writing of my signature.

I have read fully and understand the contents of this application and the authorization for release of personal information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

Date of Application:

\_\_\_\_\_

\*\*\*\*\* **PLEASE SEE OTHER SIDE—YOU MUST SIGN THE RELEASE** \*\*\*\*\*